

# CLAIMS ONLY

Application Number

10714097

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2			/			
3			/			
4			/			
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44			/	/		
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46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
Total Indep			6			
Total Depend			36			
Total Claims			42			

	Indep	Depend	Indep	Depend	Indep	Depen
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Total Indep						
Total Depend						
Total Claims						